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| Certificate of M                        | ailing By "U.S. Express Mail"<br>EV 38901382 US | 'Under 37 C.F.R. 1.10(c) | all los lack          |
|---|---|--------------------------|-----------------------|
|   |   |                          |                       |
| I hereby certify that this paper and/or |   |                          |                       |
| "EXPRESS MAIL POST OFFICE TO            | D ADDRESSEE" service                            | under 37 C.F.R. 1.10     | on the date indicated |
| above and is addressed to the Assistar  | nt Commissioner For Pate                        | nts, P.O. Box 1450, A    | lexandria 22313-1450  |
| Name: Laurie de Leon                    |   | व्याला ।                 | 4                     |
| Signature                               |   | Date                     | <u> </u>              |

Docket No.: LUX-P015CONT

# APPLICATION TRANSMITTAL LETTER

Commissioner of Patents P.O. Box 1450. Alexandria, VA 22313-1450

# ATTN: MAIL STOP PATENT APPLICATION

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Transmitted herewith for filing is the patent application of

Inventor(s):

Paddon, et al.

Entitled:

"PHOTONIC INPUT/OUTPUT PORT"

No. pages of specification, including title page, claims and abstract No. sheets of X informal, formal drawings

### Also enclosed are:

- A copy of a Revocation of Prior Power(s) of Attorney and New Power of Attorney
- Form PTO-1595 (Recordation Cover Sheet for Assignment)
- A executed Assignment to <u>LUXTERA, INC</u> Application Data Sheet (<u>5</u> sheets)
- A Preliminary Amendment

# **FEES DUE**

<u>X</u> Applicant Claims Small Entity Status (37 CFR 1.27)

The fees due for filing the application pursuant to 37 C.F.R. 1.16 and for recording the Assignment, if any, are determined as follow:

| **************************************                       |                  | . CL             | AIMS            |                              |           |
|--|------------------|------------------|-----------------|------------------------------|-----------|
|  | No. of<br>Claims |                  | Extra<br>Claims | Rate                         | Fees      |
| Basic Application F  | ee (\$770.0      | 00 large entity; | \$385 small     | entity)                      | \$ 385.00 |
| Total Claims   | 10               | Minus 20 =       | 0               | X \$18 =<br>X \$ 9 (small) = | O .00     |
| Total Independent Claims                                     | l                | Minus 3 =        | 0               | X \$86 =<br>X \$43 (small) = | O .00     |
| If Multiple Depende  | nt Claims        | are presented,   | add \$290.00    | or \$145.00(small)           |           |
| If Assignment enclosed, add Assignment Recording Fee \$40.00 |                  | 40.00            |                 |                              |           |
| TOTAL APPLICA  | TION FE          | EE DUE           |                 |                              | \$ 425.00 |

#### **PAYMENT OF FEES**

|          | rovided as follows:   |
|----------|---|
|          | The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to <b>Deposit Account No:</b> 500482. A <u>duplicate copy</u> of this authorization is enclosed.  |
| <u>X</u> | A Check No. 1037 for the above-specified full fee is enclosed. However, in case Applicant inadvertently miscalculated any required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to |

Please direct all correspondence concerning the above-identified application to the following Custom Number and Address:

Deposit Account No: 500482. A duplicate copy of this authorization is enclosed.

Customer No: 22877

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Respectfully submitted,

DENNIS S. FERNANDEZ, ESQ

Reg. No. 34,160

Date